



**FY 2017 Manhole / Catch Basin Frame and Cover/Grate
Adjustment Bid**

Town of West Boylston

**Invitation to Bid on the Adjustment of Manholes Frames and Covers
and Catch Basin Frames and Grates**

Date: _____

Bid Item: (From listing below): _____

Below you will find space for alternative bid quotes for items, materials, or services sought by the Town of West Boylston for Fiscal Year 2017 for the period from October 2, 2016 through June 30, 2017.

All instructions and requirements of the Invitation to Bid Notice and Specifications, including bid opening requirements are hereby acknowledged by the bidder, acting by and through the undersigned.

<u>ITEM</u>	<u>ITEM DESCRIPTION</u>	<u>BID UNIT</u> <u>i.e. gallon, ton,</u> <u>cy., each etc.</u>	<u>ESTIMATED QUANTITY</u>	<u>BID PRICE</u>
A.	Manhole Frame & Cover Adjust			
	Adjust up to 8"	EA	24	
B.	Manhole Rebuild			
	8" to 24"	VF	20	
C.	Catch Basin Frame and Grate Adjust			
	Adjust up to 8"	EA	2	
D.	Catch Basin Rebuild	VF	2	
	8" to 24"			
			Bid Total	\$

Remarks or
Restrictions: _____

All bidders shall observe and be responsible for the requirements as to the conditions of employment to be observed and minimum wage rates to be paid under the contract as determined by the Massachusetts

Department of Labor and Industries under the provisions of Massachusetts General Laws, Chapter 149, Sections 26 to 27D, inclusive, as amended.

INSURANCE.

A. The CONTRACTOR shall obtain and maintain during the term of this Agreement the insurance coverage in companies licensed to do business in the Commonwealth of Massachusetts, and acceptable to the TOWN as listed below:

- Commercial General Liability (Broad Form) - \$1,000,000
- Auto Liability - \$1,000,000
- Workers Comp. Employer Liability - Statutory

The undersigned vendor agrees to furnish materials or services at prices quoted herein for the period from September 11, 2016 through June 30, 2017.

Company: _____

Address: _____

Telephone: _____ FAX, if any: _____

Signature: _____

Owner/Agent: _____
(Print or Type)

Date: _____

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been submitted in good faith and without collusion or fraud with any other person.

As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

(name of person signing bid or proposal)

(name of business)

MUST BE SUBMITTED WITH BID

I, CERTIFY THAT UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER THE LAW.

SIGNATURE OF INDIVIDUAL OR
CORPORATE NAME (MANDATORY)

BY: _____
CORPORATE OFFICER
(MANDATORY, IF APPLICABLE)

SOCIAL SECURITY #
OR FEDERAL IDENTIFICATION #

Approval of a contract or other agreement will not be granted unless this certification is signed by the applicant.

Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you may have met all tax filing and or tax payment obligations. Providers who fail to correct their non-filing or tax payment delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Mass General Laws Chapter 62C Section 49A.